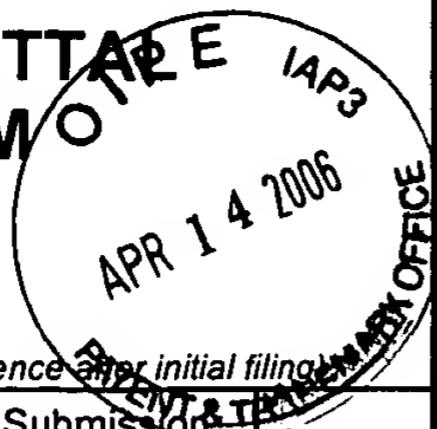


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FORM

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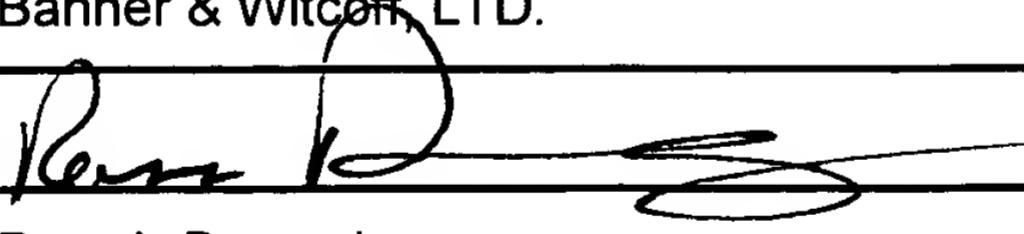


Application Number	09/944,165
Filing Date	September 4, 2001
First Named Inventor	Miika Silfverberg
Art Unit	2673
Examiner Name	Shapiro, Leonid
Attorney Docket Number	004770.00018

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue & Publication Fee Transmittal Application for Patent Term Adjustment Comments on Statement for Reasons of Allowance
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Ross A. Dannenberg		
Date	April 14, 2006	Reg. No.	49,024

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name		Date	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218)

FEE TRANSMITTAL

for FY 2005

APR 14 2006

140

Complete If Known

Application Number	09/944,165
Filing Date	September 4, 2001
First Named Inventor	Miika Silfverberg
Examiner Name	Shapiro, Leonid
Art Unit	2673
Attorney Docket No.	004770.00018

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 1600)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify) : _____ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity
Fee (\$)	Fee (\$)			
- 20 or HP=	x	=	_____	50 25
200	100			200 100
360	180			360 180

- 20 or HP= _____ x _____ = _____

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity
Fee (\$)	Fee (\$)			
- 3 or HP=	x	=	_____	_____
3	1.5			3 1.5

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Issue & Publication Fees, 1 Advance Copy of Patent, and Application For Patent

Term Adjustment Under 37 C.F.R. 1.705 fee

1,600

SUBMITTED BY

Signature	Ross A. Dannenberg	Registration No. (Attorney/Agent)	49,024	Telephone	(202) 824-3000
Name (Print/Type)				Date	April 14, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Miika Silfverberg et al.

Serial No.: 09/944,165

Filed: September 4, 2001

For: ZOOMING AND PANNING
CONTENT ON A DISPLAY SCREEN



Atty. Docket No.: 004770.00018

Group Art Unit: 2673

Examiner: Shapiro, Leonid

Confirmation No.: 9859

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

U.S. Patent and Trademark Office
220 20th Street S.
Customer Window
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

Applicants acknowledge with appreciation allowance of the pending application. The examiner's statement of reasons for allowance cites specific features or combinations of features of various claims as supporting their respective allowability. Applicant maintains that each independent claim is allowable based on one or more unique features recited therein, and do not believe the novel aspects of the claims to be so limited to the specific feature or combination of features as indicated in the examiner's statement of reasons for allowance.

Respectfully submitted,
BANNER & WITCOFF, LTD.

Dated this 14 day of Apr., 2006

By:


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Washington, D.C. 20001-4597
Tel: (202) 824-3000
Fax: (202) 824-3001